

CHAPTER 7

IMPLEMENTING AND MONITORING THE PLAN OF ACTION

A. INTRODUCTION

Once the agency has developed the best practices that clinical staff should utilize in providing care, the next step in outcome enhancement is to implement these practices. The activities of implementation are critical to move the plan from its written form to the point of actually having an impact on patient care. Sometimes the group focusing on quality improvement in the agency spends considerable time conducting the process-of-care investigation, writing the problem/strength statement, and identifying best practices, but then neglects the implementation of the necessary changes in clinical practice. This step of the outcome enhancement process is crucial to inform staff of expected changes in care provision and to see that such changes actually occur. This chapter addresses the steps to follow in implementing the plan of action.

B. FOSTERING BEHAVIORAL CHANGE IN CARE DELIVERY

A key element in implementing the plan of action is to recognize exactly what the agency goals are. Simply "tweaking" a few agency processes to gain some perceived efficiency is not sufficient - rather, instituting specific modifications in clinical care delivery for the purpose of enhancing patient outcomes is needed. Bringing clinical staff members' care provision into line with the identified best practices (whether these are for improvement or reinforcement) usually means that behavioral change must occur. Modifying clinician behavior (clinical practice) can be a challenge in any clinical setting, but this challenge is accentuated in home care where staff members function so independently. At this point in outcome enhancement, the importance of staff being well informed about OBQI, the content of the agency's outcome report, and the goals of the total outcome enhancement process is clear. Such information assists staff to understand the rationale for any necessary change(s) in care provision.

Focusing on the long-range goal of enhancing patient outcomes assists an agency to plan the implementation of the plan of action. The steps of this part of the process (i.e., intervention and monitoring activities) will be directed toward this patient-centered purpose when this long-range emphasis is maintained.

C. PLANNING THE IMPLEMENTATION OF THE ACTION PLAN

As a plan for implementation is developed, focus on those activities that must occur within the agency for clinical staff to implement the specified best practices. In the plan of action these activities are referred to as **interventions**. In a patient

care plan, the term "intervention" refers to those activities that are done for (or with) the patient. In the agency plan of action, the term "intervention" means those activities that are done in the agency by the agency staff to put the best practices into place. These are the activities an agency will undertake to ensure that all appropriate clinicians are performing the specific best practices the team has identified as necessary to enhance the target outcome.

In the plan of action, intervention actions will state:

- What is to be done to implement the best practices
- When it is to be done
- Who is responsible for carrying out the specific action, and
- How the action is to be monitored to ensure that implementation occurs as planned (and persists).

Notice the difference between the best practices and the intervention actions. The best practices are precise aspects of care delivery that clinical staff are expected to perform with patients. In the context of the action plan, intervention actions indicate how to make clinicians aware of and responsible for these best practices.

Successful plans of action demonstrate similar approaches to development of intervention actions. The number of intervention actions does not need to be excessively large - tending to be approximately four or five in number for a single plan of action. While the number of interventions is not large, each action tends to have a single focus so that it can be easily understood and implemented. Taken as a whole, the interventions lay out a "map" for implementing the best practices agreed on by the quality improvement team (or task force). Refer to the sample completed plan of action that was included in Chapter 6. Notice that there are three intervention actions, each of which has specific "start" and "finish" dates and responsible persons identified who were part of the quality improvement team.

Another key feature of successful action plans is the scheduled timing of the intervention actions. In the sample plan, the interventions begin (and are nearing substantial completion) within one month after the outcome report arrives at the agency. Since the best practices can only impact those patients who have complete care episodes after the intervention actions occur, this timing allows maximum opportunity to impact the outcomes that will be included in the agency's next outcome report.

Understanding this timing is so critical that we emphasize its importance by repeating the rationale. Staff are unlikely to change their care processes (thus changing patient outcomes) until they know what care process changes are expected of them. Only those patients who have a complete outcome episode (i.e., start or resumption of care to discharge/transfer) after the new care processes are implemented are likely to show different outcome results. If the agency does not implement change in care processes until many months have passed, the patients are unlikely to reap the benefits of these new care processes, and the outcome report is unlikely to show any positive change from the previous one.

Each intervention action should be divided into as many steps as necessary with specific "start" and "finish" dates for each step. These will assist assessing the progress of the plan and will increase the plan's clarity for any reader, such as agency administrators, staff needing to modify care delivery, or surveyors. For example, instead of listing only "Revise SOC assessment," the following steps might be included: 1) Revise SOC assessment to include observation of ambulation and distance walked by 10/20; 2) Pilot test revised form by five nurses on one patient each on 10/22; 3) Review comments from pilot nurses by 10/24; 4) Present form to staff at outcomes education meetings on 10/27 and 10/29. Specific persons responsible for overseeing the completion of each step should also be identified on the plan, to visibly assign responsibility and to ensure that responsibilities are equitably divided among available staff members.

As intervention actions are developed and reviewed, focus on whether the actions are:

- Related to the best practices. For example, if a best practice concerns patient assessment, is there an intervention action that addresses clinician assessment skills or the content of the assessment?
- Practical and achievable. It is very possible to design intervention actions that clearly would require expenditure of large sums of money, require the replacement of the entire clinical staff, etc., which are unlikely to occur in a timely manner. Are the specified actions practical for the agency to achieve in a reasonably short time frame? (More actions can be added at intervals throughout the next several months if desired.)
- Adequate to change care. Remember that the purpose of the intervention actions is to foster behavioral change in the clinical staff providing care. Do the selected intervention actions appear adequate to do this?

- Scheduled to begin immediately. The longer it takes to put the best practices into place, the shorter the time period until the next outcome report - thus the shorter the time for the agency to demonstrate a change in patient outcomes. For many agencies, this delay is the downfall in being able to impact their target outcome(s). The "bolus" of activity involved in immediate implementation increases the clinical staff's awareness of the specified best practices and the likelihood of change in care provision.

D. APPROACHES TO CHANGE CLINICAL PRACTICE

Methods of changing and improving processes of patient care are receiving increasing emphasis in professional literature today, especially since clinical practice guidelines have been developed and disseminated for implementation across multiple care settings. Various interventions to change provider behavior have been studied, though most commonly with physicians in ambulatory care settings. While these studies have not focused on providers in home care, their conclusions nonetheless have implications for changing home care clinician behavior. One consistent finding from reports of these studies is that education (i.e., providing information) usually is not sufficient to change behavior. Because provider behavior is complex, a range of interventions is often required.

Which approaches appear to be most successful in changing clinician behavior? Several studies have discovered that approaches used in combination have the strongest and longest-lasting impact on provider behavior (Davis et al., 1995). Reminders of effective care processes (best practices) and record audit with feedback to specific clinicians are reported as effective. It is also important to identify and remove system barriers to change. Consider involving knowledgeable clinicians in one-on-one discussions of care (as might occur with a clinical specialist). "Patient-mediated approaches" are also described as effective. (A patient-mediated approach might involve providing the patient with a list of expected clinical actions, thus allowing the patient to reinforce the appropriate actions of the provider. When the patient expects to receive teaching at every visit, he/she can request such teaching if it is omitted from the encounter.)

Because changing care processes is complex, agencies are strongly encouraged to move beyond traditional in-service approaches when designing the interventions to spread designated "best practices" across the agency. Some additional approaches are noted below. (Attachment C to this chapter presents other approaches that can be used.)

- Develop and disseminate new (or revised) clinical policies or procedures
- Write (or revise) and implement clinical pathways or practice guidelines

- Develop clinical "competencies" required of staff
- Establish a within-agency mentoring process
- Develop a video presentation of how to implement and use the best practices
- Design new or revise current patient screening tools or other documentation.

Whatever intervention approaches are chosen, formally standardizing the best practices among clinicians in the agency is assumed to facilitate changes in care behaviors and to result in improved patient outcomes.

Changes in clinician behavior can be described as "learning to do the right thing in the right way at the right time to achieve the right outcome." Some aspects of OBQI can facilitate such change. Modifying clinician behavior requires:

- Recognizing the need for behavior change in clinicians. The outcome report and the findings of the process-of-care investigation are excellent means to establish the need for behavioral change. This is particularly true if staff have been kept continuously informed about the outcome report findings and the process-of-care investigation.
- Identifying a specific change needed to provide additional impetus. The results of the process-of-care investigation, with the specification of a problem (or strength) in care provision and clear best practices, lead to the identification of this specific change.
- Recognizing that clinical behavior does not change unless there also is organizational support for the change to occur. This is one reason why strong administrative support and an organizational climate that wants to continuously improve are so very important to enhancing outcomes.
- Integrating fully into clinical care processes. For change to persist, it must move beyond the novelty stage to such full integration into care delivery. This factor contributes to the importance of monitoring the plan of action, which will be addressed soon.

In evaluating intervention actions' ability to produce change in care delivery, ask the following questions.

- Do staff know what the clinical practice change is? Do intervention actions clearly communicate the necessary change to staff? While this is not the only step necessary to change clinical practice, it is an essential beginning.

- Has the staff had the opportunity to learn how to perform the new skill or use their new information? It is important for staff to be allowed to test their new knowledge and to practice what they have learned. This will add to their comfort and skill level when providing patient care.
- Is administration open to making any necessary changes to the organizational process that will support the necessary change? Do staff have the supplies, equipment, or support system required to deliver the best practices? If staff members are expected to assess patient weight on a weekly basis, they will need access to well maintained scales. If patients are instructed to call the agency when their condition changes, determine if there is a support system available to answer and communicate those calls to the appropriate clinical staff.

E. MONITORING THE PLAN OF ACTION

Once the intervention actions are determined, the agency should shift focus to **monitoring activities** within the plan of action. The purpose for monitoring is to assure that implementation occurs as it has been scheduled and planned. Monitoring allows assessment of the success of the implementation process, staff compliance with the proposed changes, and the possible need for alterations to the plan. It is not altogether unusual for intensity and focus to decrease somewhat once the plan of action is written. The act of monitoring keeps emphasis on whether the best practices are truly becoming a routine part of care delivery in the agency.

Sample monitoring approaches include quarterly record review activities, peer reviews or supervisory visits for periodic evaluations, or staff meetings and case conferences to provide information about staff utilization of best practices. These approaches are easily incorporated into normal operations of the agency, which will assist in making certain that the monitoring steps actually occur.

Several key elements of monitoring activities have been identified through experience with agencies successful in enhancing outcomes. The plan of action should clearly identify those specific individuals (or groups) responsible for the monitoring activities. Beginning the monitoring approaches at a high frequency, followed by tapering to less-frequent intervals is often cited as important. The monitoring might begin within two weeks after intervention activities are completed, be conducted at weekly intervals for a few weeks, then taper to monthly, then to quarterly intervals. When monitoring activities are planned, determine how feedback will be provided to clinical staff members and to their supervisors. Like other aspects of quality improvement, an agency is more likely to actually

complete these activities if they are integrated into other routine agency activities, such as record reviews or case conferences, as much as possible.

Successful plans of action tend to have effective monitoring approaches. Characteristics of these effective approaches include:

- Results are reviewed promptly and responded to quickly. The results of the monitoring do not "languish" on someone's desk for weeks before being reviewed. Staff also receives very prompt feedback on whether the desired changes in clinical care practices are occurring.
- Monitoring occurs as a routine activity with the agency. Few agencies have time to institute entire new monitoring processes. However, adding on a few minutes to a current process seems eminently "do-able." Appending the new monitoring activities to a current routine increases the likelihood that the monitoring will actually occur. Adding a new aspect to an already-scheduled record review is not as cumbersome as scheduling an entirely new record review activity.
- The implementation of the monitoring activities occurs as planned. By the time the action plan is implemented, the team may feel that its work is concluded. It is very easy for the monitoring activities to be overlooked as the team simply assumes the staff will follow the identified best practices. This has proven to be a faulty assumption in most agencies. To avoid this occurrence, the team might delegate the oversight of monitoring to someone not so directly involved in developing the plan of action. Alternatively, one person from the team might be jointly responsible with a nonteam member for the oversight. Both these approaches bring new energy and enthusiasm into the monitoring function.

Concerted attention to monitoring has been one of the little-recognized but very effective aspects of enhancing outcomes. It is important to wait no longer than a month after implementation to begin initial monitoring activities, so that any needed revisions to the plan of action can be made quickly. This time frame allows several months of patient status data collection to occur to impact the target outcome(s).

F. EVALUATING THE PLAN OF ACTION

Evaluation extends beyond the monitoring of intervention actions to a critical review of whether the overall plan is working. The findings from the monitoring activities will allow the team to determine whether the plan is "on course" and if the best practices are being consistently used in care delivery. If this is not occurring, additional intervention actions may be needed. The last section of the

plan of action form (introduced in Chapter 6) provides a place to record findings from the evaluation activities and any responses that were necessary as a result.

The first evaluation of the plan of action should occur by the end of the third month after receiving the outcome report and continue at least quarterly thereafter until the next outcome report is received. The frequency should not drop to quarterly if specific problems are noted in the early evaluation process.

When the next outcome report is received and reviewed, the previous year's plan of action is also evaluated. Based on the new outcome findings, the agency must determine whether they should continue monitoring the existing plan of action, make significant revisions to the existing plan after performing a new process-of-care investigation, or discontinue all efforts related to the previous plan of action. The first two options are likely responses when there are minimal (or no) changes to the target outcome; the third option can be appropriate when there are significant changes (in the desired direction). The evaluation activity (of each target outcome selected the previous year) should occur as part of the selection process for new target outcomes from the current outcome report.

G. DOCUMENTING THE QUALITY IMPROVEMENT JOURNEY

Examining processes of care identified by specific, measurable OASIS-derived outcomes and then revising or reinforcing those processes as necessary to improve patient outcomes is a new endeavor for home care agencies. It may be beneficial for agencies to maintain an informal log or journal throughout the outcome enhancement activities. Keeping such a journal is useful to record, reflect, and learn from this unique journey into a new system of measuring and improving outcomes for home care patients.

Since this is a new process, staff members' emotions may "run high" at various phases of the outcome enhancement process. Tracking the emotional components of this phase will serve as a reference for the future as well as a reminder to acknowledge and address emotional reactions and concerns of staff.

A journal also may facilitate recall and reflection in the future. It can document how team members were selected to participate, how outcomes were prioritized, how best practices were selected, etc. This may prove to be useful in determining steps to take and techniques to use when conducting future process-of-care investigations after the agency receives subsequent outcome reports.

H. SUMMARY

Developing and implementing the plan of action concludes the outcome enhancement phase of OBQI. If done correctly, clinical staff will be extremely aware of the importance of their care provision to the agency. They will focus on care practices that reach effective outcomes in an efficient manner. And most important of all, agency patients will be the beneficiaries of efforts in continuously improving outcomes.

FREQUENTLY ASKED QUESTIONS

- 1. Our agency stopped doing continuing education programs three years ago. We don't have the staff or the space to do any kind of large-scale educational programs. How could we educate clinicians about any big changes?**

This answer refers back to the advice to make your intervention actions "practical and achievable." Most agencies have not tried to initiate massive agency-wide changes due to time and financial limitations. Some agencies have instituted "small group learning sessions" lasting less than an hour and have reported that by doing so they see more staff interaction, discussion, and retention of information. Some agencies have set up self-learning modules for clinicians to complete on their own within a specified time frame. Such an activity could be followed by a discussion in a staff or team meeting. Agency clinicians from many auspices and locations have published accounts about the many varied and creative approaches they have used to inform staff about quality improvement efforts.

- 2. We could never afford to have a video made just for our staff. How do agencies afford such things?**

Most agencies do not have access to resources to make professional grade videos, but many have used home video cameras to record such things as a skilled, experienced clinician performing a specific clinical activity. They have later used the tape as a teaching tool, asking the viewers to record their findings while watching the tape, then comparing and discussing their responses. Some larger agencies have been able to purchase professionally made teaching videos.

- 3. We provide educational programs to our clinicians regularly, but some of them still don't do the new skill the way they've been instructed. What are we doing wrong?**

You're probably not doing anything wrong, but you may not be providing the information in the best way for all staff to learn. Education is usually most effective when presented in more than one way. Any evaluation of learning is most valuable if prompt feedback is given to the staff members who participated. The large majority of agencies in the OBQI demonstration learned that they could not present information to staff only once, but that periodic reminders are a must. Chapter 9 contains additional resources for training staff.

FREQUENTLY ASKED QUESTIONS

- 4. *If we decide to change the way clinicians assess incontinence (or ambulation or dyspnea), we would probably need to change our assessment forms. Our forms do NOT get changed quickly or easily. The work first must be budgeted, then it takes months to work out how the proposed changes can be incorporated into the forms. We pilot the forms with a few staff members, make more changes if needed, and finally the Forms Committee must approve. After approval, the entire form is formatted and sent to the printer, and we get it back 1-4 weeks later. I don't see how we could possibly make these changes in less than six months at best, let alone one month!***

These kinds of issues are critical to consider when the team is planning the interventions. To successfully impact the target outcome, the best practices need to be implemented by clinicians within 4-8 weeks after the outcome report is received by the agency. That means the team must find a way to move forward with the implementation within the agency structure. The process you describe is not rare or unusual among agencies. Some agencies have implemented the addition of a single page that the agency staff was able to produce and copy on its own, as one way to expedite the process on a temporary basis. In some agencies, such an action could require administrative approval, meaning the team would need to move quickly to obtain that approval. Depending on the problem statement, the team might anticipate that changing care practices would entail some degree of revision of clinical forms and seek approval within specified limits prior to developing the plan of action. Addressing these organizational issues when developing the team(s) is addressed in Chapter 8 of this manual. The presence of such organizational issues emphasizes the importance of agency-wide education regarding OBQI and of organizational support in preparing for outcome enhancement.

FREQUENTLY ASKED QUESTIONS

5. ***I am not clear about exactly what is included in "monitoring and evaluation." It sounds like this is more than one activity.***

*Part of planning the intervention actions to implement the best practices includes determining how the team will ensure that each implementation activity occurs on schedule. The team also must plan how to evaluate the effectiveness of the implementation by evaluating whether or not the best practices are being put into use by all applicable staff members. This review of timing and effectiveness is included in the **monitoring** function. Monitoring must be started very shortly after the implementation steps are completed (within one to two weeks) and continued with decreasing frequency (but not less frequently than quarterly) when the evidence shows that implementation has been successful. If the results of monitoring show that compliance is faulty, the team must determine if it is necessary to address issues with individual staff members, offer more education, or revise the implementation plan.*

Evaluation of the plan of action entails reviewing the various steps involved in developing the plan to identify both which things should be repeated the same way with the next outcome report and which new approaches the team would like to try next time. The results of the monitoring activities also can be incorporated into evaluating the effectiveness of the plan.

REFERENCES

Davis DA, MA Thomson, AD Oxman, and B Haynes (1995). Changing physician performance: A systematic review of the effect of continuing medical education strategies. *JAMA*, 274(9):700-705.

ATTACHMENT A TO CHAPTER 7

SAMPLE INTERVENTION ACTIONS

Intervention actions for four target outcomes are presented below. Note the overall variety of intervention actions represented.

Target Outcome: Improvement in Ambulation

1. Develop screening tool for case managers to determine impaired ambulation.
2. In-service staff on tool.
3. Incorporate screening tool into all SOC packets.
4. Develop care map for ambulation.

Target Outcome: Improvement in Toileting

1. Develop a standardized care plan for patients mildly impaired in toileting that includes parameters for therapy evaluation.
2. Update case conference form to include section on toileting impairments.
3. Distribute standardized care plan and updated case conference form to all clinicians at next month's staff meeting.

Target Outcome: Improvement in Urinary Incontinence

1. Develop a self-study module for urinary incontinence assessment.
2. Develop stickers for patient charts delineating criteria for incontinence assessment (clinical parameters).
3. Renew emphasis on interdisciplinary communication with appropriate documentation.

Target Outcome: Acute Care Hospitalization

1. Develop criteria sheets for staff to assist in identification of patients needing follow-up.
2. Clinical team leaders immediately relay the plan to staff.
3. Clinical educators present the protocol to new staff during orientation.
4. Present the action plan at staff meetings, in an article in the agency newsletter, and post on agency bulletin boards.

ATTACHMENT B TO CHAPTER 7

EXERCISES IN EVALUATING INTERVENTION ACTIONS

EXERCISE 1a: Evaluating Intervention Actions

Directions: Review the two sets of sample best practices and intervention actions for the target outcome *Improvement in Dyspnea*. For each, answer the questions on the following page.

A. Target Outcome: Improvement in Dyspnea

Best Practices:

- a. For all patients with dyspnea, a thorough, specific, and inclusive cardiopulmonary assessment will be performed and documented as part of the admission process.
- b. If patient demonstrates increased dyspnea in response to exercise, a therapy (PT or OT) referral will be made.

Intervention Actions:

Action	Time Frame	Responsible Person
a. QA committee will prepare self-teaching tool for presence of dyspnea.	March	DBN
b. Develop new clinical care plans including parameters for referral to PT or OT if difficulties with ADLs contributing to dyspnea.	March, April	DBN, MS, RB
c. Develop clinical competency statement for nursing re: assessment of respiratory status.	March, April	DBN, MS, RB
d. Include competency statement in nursing personnel records as part of yearly clinical competency evaluation. New staff required to demonstrate competency within one month of date of hire.	April, May	MS, DBN, RB

EXERCISE 1a: Evaluating Intervention Actions (Cont'd)

1. Do the intervention actions have a clear link to the best practice statements? If not, suggest an intervention action or actions that more clearly reflect the best practice statements. _____

2. Are the intervention actions appropriate for quickly implementing the best practices? If not, provide another possible intervention action or actions. _____

3. Is a time frame specified for each intervention action? _____

4. Do the intervention actions begin in a timely manner? _____

5. Are responsible individuals named for each intervention action? _____
6. If you were a staff member in this example agency, which intervention actions would likely affect you? _____

7. What would be your response to these intervention actions? _____

EXERCISE 1b: Evaluating Intervention Actions

Directions: Review this second set of sample best practices and intervention actions for the target outcome *Improvement of Dyspnea* then answer the questions on the following page.

B. Target Outcome: Improvement in Dyspnea

Best Practices:

- a. Staff will use a consistent definition of dyspnea in analyzing assessment data.
- b. When dyspnea is detected, staff will intervene.

Intervention Actions:

Action	Time Frame		Responsible Person
	Start	Finish	
a. Staff inservice by nursing supervisor to address definition of dyspnea, signs and symptoms, and interventions.	11/05	11/30	SN
b. Find/develop teaching materials for cardiac patients regarding dyspnea and specific subjects that can produce dyspnea for cardiac patients.	11/01	12/20	PW, WS, SN
c. Produce or purchase education materials, distribute to staff with written suggestions for use.	10/30	1/15	PW, WS

EXERCISE 1b: Evaluating Intervention Actions (Cont'd)

1. Do the intervention actions have a clear link to the best practice statements? If not, suggest an intervention action or actions that more clearly reflect the best practice statements. _____

2. Are the intervention actions appropriate for quickly implementing the best practices? If not, provide another possible intervention action or actions. _____

3. Is a time frame specified for each intervention action? _____

4. Do the intervention actions begin in a timely manner? _____

5. Are responsible individuals named for each intervention action? _____
6. If you were a staff member in this example agency, which intervention actions would likely affect you? _____

7. What would be your response to these intervention actions? _____

ATTACHMENT C TO CHAPTER 7

BROADEN YOUR OPTIONS: TECHNIQUES TO FOSTER CLINICAL BEHAVIOR CHANGE

When confronted with the need to change or modify clinician behavior, the technique of staff education is the approach most commonly used. This technique alone, however, is usually not sufficient. The list below presents other options to foster such behavioral change.

- Develop and disseminate new (or revised) clinical policies or procedures
- Write (or revise) and implement clinical pathways or practice guidelines
- Acquire and distribute new learning (or patient teaching) materials
- Develop clinical competencies required of staff
- Establish a within-agency mentoring process
- Set up a peer review program
- Develop opportunities for demonstration-return demonstration experiences
- Use consultation from clinical specialists
- Develop a video presentation of how to implement and use the best practices
- Write memos on how to implement the best practices-describe the manner in which follow-up and monitoring will occur
- Post visual reminders in the agency or include them in newsletters or paychecks
- Send voicemail or e-mail messages to staff
- Provide reminders directly to the clinical staff or from the patients to the clinical staff
- Establish multidisciplinary work groups or committees to implement the best practices

ATTACHMENT D TO CHAPTER 7

SAMPLE MONITORING APPROACHES

Post-tests

1. Project Team members review and summarize results of post-tests by meeting scheduled next month. Determine whether further education or other follow-up is needed.
2. Post-test at end of in-service, reviewed by QI committee within one week with additional inservices or one-on-one sessions for those demonstrating need.
3. Project Team and in-service presenter review post-test results within one week after each inservice.

Clinical Record Audits

1. Project Team will audit 15 SOC records by (three weeks from plan of action date), an additional 15 records by (five weeks from plan of action date), and another 15 by (seven weeks from plan of action date), using review form developed in process-of-care investigation with addition of new teaching materials. Compile results of record review before subsequent Project Team meeting, when team will determine if additional training, follow-up, or plan revisions are needed.
2. If progress is satisfactory, review 20 records one month after previous review and compile results.
3. If progress continues to be acceptable, audit 20 records each quarter.

Interviews

1. Project Team members each interview at least two clinicians within two weeks of plan of action development using structured interview approach. Interview should focus on patient assessment and use of teaching tools. Compile findings for next Project Team meeting.
2. Interview 12 clinicians of multiple disciplines within one month of plan of action development using the interview variation of the chart audit tool developed for the process-of-care investigation. Compile results.
3. Interview randomly-selected staff members four weeks after new screening tool is implemented to determine staff response and to elicit suggestions for any modifications.

Additional Approaches

1. Project Team members bring up discussion of urinary incontinence assessment and interventions in team meetings.
2. Monitor use of patient educational materials and forward recommendations to Clinical Education Committee.
3. Ninety percent of staff will be expected to meet highest competency level within three months after competency statement is final.
4. Intake supervisor reviews all internal requests for referrals to determine rationale.

ATTACHMENT E TO CHAPTER 7

CHECKLISTS FOR YOUR AGENCY'S PLAN OF ACTION

Use this checklist to evaluate that your agency's plan of action is appropriately developed.

- _____ Action plan was developed in an appropriate time interval (e.g., within two weeks) after receipt of the outcome report.
- _____ Each team member is identified by name, title, and discipline.
- _____ Target Outcome is stated in specific terms (as it is stated in the outcome report).
- _____ Plan is correctly specified for remediation or reinforcement.
- _____ Problem or strength statement is specifically related to the target outcome.
- _____ Problem or strength statement is clearly written to avoid misinterpretation and to provide a strong guide for developing best practices.
- _____ Best practices, care behaviors, or processes are specific to the stated problem or strength.
- _____ Best practices are stated specifically enough to guide clinician behavior.
- _____ Intervention actions are appropriate for quickly implementing best practices.
- _____ Time frames are specified for implementing intervention actions (start date and finish date).
- _____ Intervention actions begin within one month after the outcome report was obtained.
- _____ Responsible individuals are named for each intervention action.
- _____ Monitoring approaches are appropriate to the intervention actions and list planned frequency of activities.
- _____ A date for review of the plan has been set.
- _____ Responsible persons have been identified for evaluation of the plan.

Use this checklist to evaluate that your agency's plan of action, as developed, is being consistently implemented and followed.

- _____ Specific persons are appointed to oversee the monitoring activities for each time point.
- _____ Monitoring activities have begun and information has been collected.
- _____ Responsible persons assigned to review the plan have met as scheduled.
- _____ Each monitoring activity has been completed and a finding reported by the planned date.
- _____ Any monitoring activity specified has been accomplished.

ATTACHMENT F TO CHAPTER 7

AGENCY STRATEGIES TO FACILITATE WRITING INTERVENTION ACTIONS

1. Intervention actions in the plan of action are those activities that must occur within the agency to implement (or to reinforce) the specified best practices. The term does not refer to clinical interventions.
2. The focus of the intervention actions is to foster behavioral change in the agency-to modify (or to reinforce) specific aspects of care provision, which have been noted as best practices.
3. Selected intervention actions should be practical in the agency and achievable by staff.
4. Changing clinician behavior requires clinical staff to recognize the need for change, to be aware of the specific change desired, and to have organizational support for the change to occur.
5. Often educational/instructional activities are selected as intervention actions. While these are useful, they are seldom sufficient. A balance between educational activities and structural or process modification (e.g., development/revision of forms or procedures) is often more successful. Other reminder mechanisms also serve to keep the chosen best practices continually in front of the staff.
6. A timeline is needed for the intervention actions to begin soon after the plan of action is completed and to end within six to eight weeks.
7. Be sure to determine who is responsible for carrying out each specific intervention action. State this individual (or group) in the plan of action.
8. A reasonable number of intervention actions (approximately four or five) are more likely to be implemented successfully in an agency.
9. Activities to periodically remind clinicians of the selected best practices throughout the year are necessary and helpful. These mechanisms seem to be even more important when agencies choose to reinforce strengths in care provision.
10. An example of an intervention action is: Develop and implement a mentoring program for clinicians with weak skills in assessing dyspnea.

ATTACHMENT G TO CHAPTER 7

AGENCY STRATEGIES FOR EVALUATING THE PLAN OF ACTION

1. Because change in clinical behavior is necessary for change in patient outcomes to occur, it cannot be assumed that such change will simply happen and will persist into the future. Regular monitoring of compliance with the best practices is necessary.
2. Successful monitoring activities occur as routine activities within the agency, incorporated into quality improvement activities that are already in place, such as quarterly clinical record reviews. This increases the likelihood that these activities will occur and will not be overlooked in the press of daily routine.
3. The most successful monitoring activities are practical and achievable.
4. Begin the monitoring approaches at a high frequency, then taper to less-frequent intervals.
5. A designated person or group should review the results of the monitoring as soon as possible after activities are completed. This allows modification of the plan to occur as necessary if the best practices are not consistently being done.
6. Provide staff prompt feedback on whether the desired changes in clinical care practices are occurring.
7. Ongoing evaluation of the plan of action (particularly if the evaluation is documented and shared with staff) will assist in outcome enhancement during the current year and in responding to subsequent outcome reports.
8. When the plan is written, be sure to designate the individual(s) who will be responsible for its evaluation. Involving some of the individuals who participated in plan development is an effective strategy.
9. When evaluating the plan, determine "what worked" and "what didn't work" in the plan development and implementation. Note suggestions for which activities the agency should include in next year's outcome enhancement process and which activities should be revised, including specific suggestions for the revisions. It is easier to do this during the first few months after the plan is developed (while it is fresh in your minds) than to attempt to re-create it months later.
10. Carry out the first evaluation of the plan by the end of the third month after receiving the outcome report. If the evaluation is updated quarterly, the

monitoring results can be incorporated into the evaluation. This should continue until the next plan of action is developed.

11. Communicate the results of the evaluation findings to staff. Re-communicate, re-educate, and revise areas that are not working as planned.
12. **CELEBRATE your successes all along the way!**